



For Accounting Use Only:
Deposit Amount _____
Deposit Date _____

Secretary of State

Professional Licensing Boards Division
237 Coliseum Drive Macon, Georgia 31217
(478) 207-2440

WALL CERTIFICATE ORDER FORM FOR: CONDITIONED AIR, ELECTRICAL, LOW VOLTAGE CONTRACTORS, MASTER PLUMBERS AND UTILITY MANAGERS INSTRUCTIONS:

To order an 8 1/2 x 11 Wall Certificate suitable for framing with your License Number:

- Complete this form (print clearly)
- Return this form with a \$25.00 fee **(NON-REFUNDABLE)**.
- Make personal or company check or money order payable to the
Georgia State Construction Industry Licensing Board,
237 Coliseum Drive, Macon GA 31217

PLEASE ALLOW 4 – 6 WEEKS FOR PROCESSING

(Circle one) Conditioned Air Electrical Low Voltage Master Plumber Utility Manager

LICENSE NUMBER _____ **Date issued** _____

*[Please note: The license number is issued to an individual,
not a company. Do not request a company
name for the wall certificate.]*

Your daytime phone number _____

**Please be sure you have provided us with the correct mailing address.
Incorrectly addressed mail will not be forwarded by the post office.**

(Print clearly)

Name _____

Address _____

City _____ **State, Zip** _____